Voluntary Euthanasia in The Northern Territory—Australia

The Honorable Marshall Bruce Perron
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Address to the National Press Club, Cannberra, October 16, 1996

Editor's Note:

Marshall Perron, as Chief Minister of the Australian Northern Territory, was responsible for the first legislation in the world to permit active voluntary euthanasia. Mr Perron, who has now retired from politics, was a member of the Northern Territory Parliament for 21 years, and Chief Minister from 1988 to 1995.

The cast of characters:

John Howard, Prime Minister of Australia; Kevin Andrews, Member of the Federal Parliament who is attempting to overturn the Northern Territory legislation; and Bob Dent, the first person assisted to die under the Northern Territory law.

Bob Dent's often-quoted words:

"What right has anyone, because of their won religious faith to which I do not subscribe, to demand that I must behave according to their rules?"

Thanks to Marshall Perron for permission to reproduce his address and the Australian statistics.

There are many reasons quoted for the escalating world-wide debate about voluntary euthanasia.

An educated, assertive patient population, less in awe of doctors than ever before. An aging community, less religious authority and increasing deaths from cancer and AIDS.

The most compelling factor to my mind, is that advances in medicine have brought us to the point where, when and how a patient dies is increasingly the outcome of a deliberate human decision.

Decisions to withdraw life support equipment, not to resuscitate or withholding antibiotics from a patient in advanced stages of terminal illness, are all instances of the intentional termination of life that is routine in developed countries today.

The sad part is—most of those who die by human intervention or deliberate non-intervention, have no say in the decision. By the time a decision needs to be made, they are in no state to participate.

The majority of Australians don't want decisions about when they will die being made for them by doctors, after they have lost competence or the ability to communicate. They want the option to arrange the timing of their own death if, like Bob Dent, things get really bad.

John Howard has access to voluntary euthanasia. Why should the rest of the community be denied?

While illegal euthanasia and assistance to suicide is practiced in all the states and territories, only the most assertive, articulate and resourceful patients are likely to be able to enlist the help of a doctor prepared to risk everything.

Kim Beazley, Tim Fischer, Kevin Andrews, indeed every one of the politicians about to decide if the Northern Territory Rights of the Terminally Ill Act is scuttled, can access doctors who will fulfill their request to die if circumstances warrant.

Sadly, the same access is not available to most of our citizens in their hour of need. If you have to take the next doctor on shift at the public hospital, or you can't get a doctor to treat you in your own home, or you do not have the resources to go shopping among doctors, then your chance of finding a sympathetic doctor who will break the law is about nil.

I don't object to John Howard saying he believes voluntary euthanasia is wrong and that he would never consider it for himself, but he has no more right to deny me or you the voluntary euthanasia option than does the Pope, Archbishop, the President of the A.M.A., or Kevin Andrews.

You see, the situation is exactly as it was before enlightened abortion laws were adopted. The rich and famous were always able to find qualified professionals prepared to do the job. For the rest of the population, it was just 'too bad'—or they went to the backyarders, or attempted the job themselves.

Often with disastrous results.

So too it is with euthanasia today.

Not only is this issue firmly on the agenda to stay, demands for individual autonomy over end-of-life decisions will become stronger with the advances in medicine which give doctors the ability to ward off death longer and longer while physical and mental degeneration continues.

Changes in social systems and standards of living have extended average life spans considerably. In 1900 we lived to about 51 years. Most deaths at the time were due to communicable diseases such as influenza, cholera, scarlet fever, measles, smallpox and tuberculosis. Such ailments are characterized by either recovery or death in hours, days or weeks.

It was not until the development of microbial drugs in the 1930's that doctors could begin to cure the disease, rather than simply try to relieve the symptoms.

The average life expectancy in Australia is now 75 years for males and over 80 for females.

Today, death in developed societies is mainly due to the effect of degenerative diseases like cancer, strokes and heart disease.

Although heart attacks and strokes sometimes cause rapid death, degenerative diseases like cancer result in gradual and increasing debilitation.

We have never lived so long, or died so slowly, occasionally with horrifying symptoms.

The advances that will bring welcome cures for diseases will extend the time it takes to die even further. This will mean a corresponding increase in the frequency of decisions to cease treatment to allow death to occur or to actively induce death.

Concern is expressed today that some patients are kept alive way

past any possible useful purpose. What if, in the next decade, we have the ability to keep everyone alive in a coma for years?

My resolve to promote the decriminalization of voluntary euthanasia stems from the fact that despite searching for one, I have never found a rational argument for insisting that an individual continue to endure pain, indignity and suffering when they would prefer to die.

I reject the notion that our quality of life, no matter how wretched, miserable or painful, is never so bad that any of us will be allowed to put an end to it.

It is preposterous that a patient like Bob Dent, after a five year battle with prostate cancer, having had several operations, unsuccessful hormone therapy, 25 kg. lighter, impotent, unable to urinate, losing bowel control, under 24-hour nursing care and still on a roller coaster of pain despite a regime of 30 tablets a day, could have died on the day he did from the effect of a doctor administering pain killing drugs.

The Pope, the Archbishop, the A.M.A. and Kevin Andrews would consider that as spiritually acceptable, morally responsible and lawful.

However, because Bob Dent asked a doctor to provide him the means to die, took a second opinion, considered palliative options, submitted himself to psychiatric examination, considered the implications for his family, endured a cooling off period and was then given the means to take his own life.

The hard core Christian minority was outraged.

The Vatican described Dent's death as "an absurd act of total cruelty"

Cardinal Clancy said it was murder.

Northern Territory Bishop Collins said it was immoral.

No humane compassionate person could condemn Bob Dent or the way he died. If you are one of those who would have denied him a final moment of control and dignity, that chance to cry with his wife—then you have no heart!

And you have no right to preach morals to me.

I have found nothing in the religious arguments, which demand the imposition of a belief on others, or the implausible claims that voluntary euthanasia will lead to patients being put to death against their will, to change my mind. Neither doctor, Church or family, should be allowed to override the patient in regard to the right to die.

Have you ever wondered how many doctors who find themselves with one of those awful diseases which invariably result in a painful, undignified death, endure the suffering until death comes naturally?

Or do they arrange with a trusted colleague, a time when death will be comfortably induced in private?

If this occurs, and we can be sure that it does, then it is only just and fair that the same option should be available to every citizen with the same symptoms.

We should not compel those doctors who are willing to assist suffering patients to shroud their actions in secrecy, away from potential witnesses and to falsify the death certificate to avoid criminal proceedings.

This clandestine activity, without safeguards or scrutiny, brings with it a potential for undetected error or abuse which should concern us all.

It is claimed that palliative care exists which can adequately handle all death situations and that there are no 'bad' deaths—only incompetent doctors.

Its is not true. The utopian palliative care service exists only in the minds of the very religious.

Even if the perfect service was available to everyone, it would never satisfy those who find the concept of total dependency so unacceptable that they would rather be dead.

I agree that voluntary euthanasia is not a substitute for best practice palliative care, but the reverse applies as well.

The advent of voluntary euthanasia would bring benefits to many more people in our community than will ever exercise the option.

Elderly Australians advise me that the option of voluntary euthanasia would relieve them of a great burden. Whilst in reasonable health now, many experience anxiety every day, knowing that aging process cannot be halted. The possibility of a miserable lingering death is constantly on their mind.

Their submissions appealed to all Territory politicians to understand that simply by having an option, hopefully never to be taken, they could face each day with the comfort of knowing that they will not experience the suffering that they have witnessed in others.

As one ninety-year-old wrote, "I do not fear death. I fear the way death will come."

I have had other letters and phone calls from terminally ill people who have obtained drugs to use committing suicide. In each case they were angry that they must take their lives prematurely for fear of losing control through hospitalization. They must die secretly and alone to avoid implicating family and friends.

As one such woman said to me, "My prognosis is, I will slowly become a blind vegetable. What would you do?"

We will never know how many suicides could have been at least delayed if the knowledge that the voluntary euthanasia option was there if things got really bad.

For example, in 1994 there were 137 suicides by people 75 or older, 31 of them by people 85 or older. Do we think some of these lonely suicides by the elderly might have been related to how they thought they would die if they did not take control?

I suspect, everyone of them.

And what of those poor souls who botch it, merely succeeding in killing half their faculties?

The intangible benefits, to the elderly and the sick, of reduced anxiety and trauma should not be overlooked in this debate.

There are Australians who have taken the life of a suffering terminally ill relative or friend at their request, following the doctor's refusal to help because it is illegal.

Examples of these tragic circumstances have been presented to me in recent times—medically unqualified Australians driven by compassion and frustration to kill a loved one.

I refer to cases which have never been investigated, where the family keeps the secret bottled up inside. I am sure you have all read of other sad cases of mercy killing which have made the courts.

Opponents to voluntary euthanasia claim there can be no safeguards which would protect us from the so-called 'slippery slope', that voluntary euthanasia must inevitably lead to involuntary euthanasia.

Their arguments, in my view, having read volumes on the subject, are strong on rhetoric and short on facts.

If ever there was a situation ripe for abuse, it has to be the situation prevailing in Australia today where some doctors assist some patients to die but there are no controls or safeguards.

How come the 'slippery slopers' are not yelling about that?

There is no doubt in my mind that adequate safeguards can be devised to ensure that those patients Parliament dictates should have access to voluntary euthanasia are the only ones legally able to receive the service.

We could, for example, restrict voluntary euthanasia to patients who had been assessed by two psychiatrists, two specialists in the disease, two palliative care experts, the approval of next of kin, three independent witnesses, a three month cooling off period, the con-

currence of a Supreme Court judge, and the whole process videotaped.

Obviously we don't have to go that far. The example is simply to demonstrate that safeguards can be put in place which prevent people who might opt for voluntary euthanasia simply because they are temporarily depressed, or who are being coerced by others, from being legally able to be assisted.

And if you want to be super conservative, legislation could require a patient to have signed an advance directive before they are diagnosed as terminally ill and/or require self administration of the lethal drug.

In my view, the claim that decriminalizing voluntary euthanasia must lead to the widespread use of euthanasia without patient consent, or even against the wishes of a patient, is unconvincing.

Such action would contradict the very basis on which voluntary euthanasia is proposed—the principle of respect for human freedom and autonomy.

Voluntary euthanasia is patient driven. The N.T. law dictates that the patient must personally initiate the process, consider the options for treatment and palliative care, be psychologically assessed, sign a request, obtain second options, consider the affect on the family, use qualified interpreters if necessary and endure a cooling off period. The patient can of course change their mind at any time and stop the process instantly.

Additionally, detailed records must be kept. Government regulations must be followed. The Coroner must be informed and has a statutory responsibility to report to the Attorney General and Parliament any concern regarding the operation of the legislation.

To kill another without these conditions being fulfilled is to commit murder under the Northern Territory Crime Code—penalty mandatory life in prison.

The scare that deformed or retarded babies, patients in mental institutions and homes for the aged will inevitably be unwilling victims is repeated by opponents at every opportunity in the debate.

The claim that it will lead to the practices adopted by the politically corrupt Germany in the 1930's and 40's has long been a major tactic of those opposed to voluntary euthanasia.

It is an insult to Australian doctors and others in the medical profession to pretend that they would be associated with such a wicked scenario.

The same applies to the media, our politicians, police and coroners.

It is surely preferable to have voluntary euthanasia tolerated in particular circumstances with stringent safeguards and a degree of transparency, than to continue to prohibit it officially while allowing it to be carried out in secret without any controls.

The quote "hard cases make bad law" is occasionally heard in this debate.

The Rights of the Terminally Ill Act is a law for hard cases. Only hard cases.

Yet it is a law that does not make anybody do anything.

It is generally conceded that about 2% of the dying experience symptoms which are difficult or impossible to relieve, hence the term 'hard' death. For those unfortunate people, even the best palliative care is of little value.

From the Northern Territory's population, an estimated 16 people per year fall into that category and may opt for assistance to die under the Act.

The figure for the rest of the country is 2,500 die 'hard' each year (7 people everyday).

In desperation, a few will consider traveling to the N.T. to seek help—sick, dying Australians moving from their homes, friends and relatives, in a bid to find the relief denied them elsewhere.

To Kevin Andrews MHR, from his safe seat in Melbourne—all this is too much. He was appalled at news that a West Australian man would take such extreme measures to die with dignity, and demanded that the option be removed.

How is that for sympathy and compassion from one of those charged with the welfare of the nation?

John Howard's support has made voluntary euthanasia a national issue. From now on every MHR and Senator is required to take a stand. Every candidate for federal parliament will be hounded until their views are known by the electorate.

Many, particularly those in marginal seats, will try hard to avoid taking a position, concerned that whatever side they take opponents will work hard to unseat them. And they will. I predict a substantial block of abstainers from the vote on Kevin Andrews' private member's bill.

Contrary to Kevin Andrews' assertion, the N.T. has not legalized voluntary euthanasia for the whole of Australia, any more than S.A. did when they were the first to legislate for termination of pregnancy. Of course, what terrifies

Andrews and the Church hierarchy is that, like that example, voluntary euthanasia will be made legal across Australia.

And they are absolutely right.

It is easy to get angry about the moral minority who raise this challenge to the decision of a democratically elected parliament acting within its powers.

The self-righteous minority who believe they have a monopoly on wisdom about death and dying.

The hypocritical minority who believe in democracy only if they agree with decisions made.

The hard core Christian minority who can justify in their minds any human suffering no matter how great, who seek to impose their moral preferences on us all.

I have a message for them. It is not only members of the N.T. Legislative Assembly who support voluntary euthanasia. There are ten million adult Australians out there who want that option.

How can you say to the terminally ill,

"As long as there is a flicker of life in your decaying body—you must stay with us—you have no choice?"

How can you tell them you know better than the doctors, the nurses and the palliative care experts with a lifetime of experience with the dying?

If the real answer is—that you can never agree to voluntary euthanasia under any conditions because you have a fundamental religious objections, because you believe that only God can give life and only God can take it, then be honest and say so. No one will criticize you for that!

When you have made that admission, get out of the way so the rest of us can get on with adopting some compassionate, humane laws for those who do want the voluntary euthanasia option.

There are more academics, doctors, nurses, judges, lawyers, engineers, taxi drivers or whatever, who believe voluntary euthanasia should be decriminalized than believe it should not be.

Every major poll taken in the western world confirms similar public support. Significantly, support also come from 69% of people who identify as Catholic, 73% Presbyterians, 76% Methodists and 81% Anglicans.

We are not asking you to lead public opinion Mr Howard, we are asking you to catch up with it.

In fact you are being asked to bow out!

Over 70% of all Australians support what the N.T. has done.

They do not accept that the value judgments of our federal politicians are morally superior to those of state or territory politicians.

Voluntary euthanasia is not an issue for Federal Parliament. It is constitutionally an issue for the states and when, not if, a state legislates in this field, there will be nought the Federal Parliament can do about it.

The citizens of the Northern Territory elected just 3 of the 224 politicians who will decide if they can retain the right they currently have to voluntary euthanasia.

Ironically, the 214 federal politicians elected by the 6 states will have no say in whether the eighteen million Australians who reside in those states, gain the same rights.

Is it any wonder we in the Northern Territory think Kevin Andrews' bill is an outrage?

If his bill is passed, it will be a victory for the Church over democracy. A classic case of arrogant politicians ignoring the clear will of the electorate in favor of religious dogma. It would mean that to get voluntary euthanasia laws passed, we will need to weed out those who follow the dictates of the Church hierarchy at preselection or election.

I was never a student of political history but now I know why there must be a separation between the Church and the State.

A message to those elected to run our country. Most of the things you have done in public life, the candidate you defeated would have done just as well, or just as badly.

Only occasionally in history do you have the opportunity to do something that will make a profound difference to the lives of your constituents.

This is one of those occasions. Don't mess it up.

I close with a comment about the vocabulary which is used throughout these debates. We always describe the client group quite coldly as "patients."

The terminally ill are mothers, fathers, brothers, sisters, sons, daughters, wives and husbands. They are not just 'patients.'

They are people. People like you and me. People like Bob Dent.

That is who we are talking about.

We should never forget that.

Fact Sheet—Marshall Perron's Speech National Press Club

Australian Statistics
(Source: ABS)

Population (at 30/6/95)		18,049,000	
Adults (at 30/6/95) (20 years & over)		12,913,931	
Population: Aust. Capital Territory (1995)		304,125	
Northern Territory (1995)		173,878	
Life Expectancy (1994)	70.0 years (male) 80.9 years (female)		
Total Deaths (1994)	(2423 per week) (346 per day)	126,863	
Number of 'hard' deaths (1994) (2% of all deaths)		2,533 (7 per day)	
Total suicides (1994)		2,258	
74-84 age group	106		
85 and over	31		
	137		
Aged suicides, 75 years and over		1994	137
		1993	127
		1992	38
		1991	149
		1990	40
			491